							_	5.					
· · · · · · · · · · · · · · · · · · ·								pplication or Docket Number					
PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2000 ### DC 9-2006-00												0032	
CLAIMS AS FILED - PART I (Column 1) (Column 2)								L EI	NTITY	OR	OTHER SMALL		
TOTAL CLAIMS			11				RA	RATE		1	RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA		BASIC	BASIC FEE 35		OR	BASIC FEE	710.00	
TOTAL CHARGEABLE CLAIMS			// minus 20=				X\$	X\$ 9=		OR	X\$18=		
INDEPENDENT CLAIMS			mi	nus 3 =		•		X40=		1	X80=		
MULTIPLE DEPENDENT CLAIM P					L			A40=		OR			
	.)						+135=			OR	+270=		
- 17	the difference	in column 1 is l	less than ze	ro, ente	r "0" in c	column 2	ТОТ	TOTAL		OR	TOTAL	110	
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)							SM#	LL I	ENTITY	OR	OTHER SMALL		
AMENDMENT A	9	CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVI		PRESENT EXTRA	RAT	E	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	. 13	Minus	2	Ю	= 0	X\$	9=		OR	X\$18=		
	Independent	. /	Minus	2	? ユ	= ()	X40)=		OR	X80=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						+13	5		OR	+270=		
			K					TAL			TOTAL	<u> </u>	
	(Column 1) (Column 2) (Column 3)						ADDIT.	FEE		OR	ADDIT. FEE		
8	9 	CLAIMS		HIGHEST		Ť Ť		-	ADDI-			ADDI-	
I. I	9	REMAINING AFTER AMENDMENT			OUSLY FOR	PRESENT EXTRA	RAT	Έ	TIONAL FEE		RATE	TIONAL FEE	
AMENDMENT	Total	. 15	Minus	:2	0	=	X\$ 9) =		OR	, X\$18=		
AME	Independent	. 2	Minus	***	3	=	X40)=		OR	X80=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						10				+270=		
							+13	D= OTAL		OR	TOTAL		
								FEE		OR	ADDIT. FEE		
_	لمنت سيئن و .	(Column 1) CLAIMS	J., 100, 200, 234	(Colu	mn 2) HEST	(Column 3)			4551	1		(455)	
AMENDMENT C	,	REMAINING AFTER AMENDMENT		NUN PREVI	IBER OUSLY FOR	PRESENT EXTRA	RAT	Έ	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE_	
	Total	•	Minus	**		=	X\$ 9)=		OR	X\$18=	;	
AME	Independent	•	Minus	***		=	X40			OR	X80=		
-	FIDET DOCCE	NITATION OF ME	ILTIDI E DES	DENIDERI	T CLAMA	"		1			n .	i I	

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
***If the "Highest Number Previously Paid For".IN THIS SPACE is less than 3, enter "3." ADDIT. FEE The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

OR

OR

+135=

TOTAL

+270=

ADDIT. FEE

TOTAL